

## COMMONWEALTH OF KENTUCKY

### KENTUCKY DEPARTMENT FOR LIBRARIES AND ARCHIVES TITLE VI COMPLAINT FORM

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Title VI of the 1964 Civil Rights Act states "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and return to:

KDLA, Grants & Contracts Office, Nicole Bryan, Title VI Coordinator, PO Box 537  
Frankfort, KY 40602-0537. You can reach the Title VI Coordinator Monday–Friday  
from 8:00a - 5:00p at 502-564-1745, ext. 304 or [nicole.bryan@ky.gov](mailto:nicole.bryan@ky.gov).

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**Note: To protect your rights, your complaint must be filed within 180 days of the occurrence.**  
**Failure to file within 180 days may result in dismissal of complaint.**

1. Complainant's Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. City, State and Zip Code \_\_\_\_\_
4. Telephone (home) \_\_\_\_\_ (business) \_\_\_\_\_ (cell) \_\_\_\_\_
5. Email \_\_\_\_\_
6. Person discriminated against (if someone other than complainant)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_
7. What was the discrimination based on? (check all that apply)

<input type="checkbox"/> Race/Color	<input type="checkbox"/> Low Income	<input type="checkbox"/> Disability
<input type="checkbox"/> National Origin	<input type="checkbox"/> Gender	<input type="checkbox"/> Limited English Proficiency
<input type="checkbox"/> Religion	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Age	<input type="checkbox"/> Gender Identity	
7. Date of alleged discrimination: \_\_\_\_\_

8. Describe the alleged discrimination. Explain what happened and whom you believe was responsible. (for additional space, attach sheets of paper or use back of the form)

9. Have you filed this complaint with any other federal, state or local agency; or with any federal or state court?

☐ Yes    ☐ No

If yes, please provide the name of the Agency/Court where you filed your complaint:

Agency/Court \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email \_\_\_\_\_

10. Do you need any special accommodations for communication regarding this complaint?  
(mark all that apply)

☐ Braille

☐ Large Print

☐ Audio

☐ Sign Language Interpreter (specify language) \_\_\_\_\_

☐ Language Interpreter (specify language) \_\_\_\_\_

☐ Other \_\_\_\_\_

11. How can this complaint be resolved (how can the problem be corrected)?

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**Please sign below.** Attach any documents you believe supports your complaint. Include the names, addresses, email contact, and telephone numbers of witnesses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you wish to file your complaint with a federal agency, please mail your complaint forms to the following address:

US Department of Justice  
Civil Rights Division  
950 Pennsylvania Avenue, NW  
Office of the Assistant Attorney General, Main  
Washington DC 20530

202/514-4609  
202/514-0716 (TTY)